



## Medwork Independent Review

2777 Irving Blvd #208

Dallas, TX 75207

1-800-426-1551 | 214-988-9936

Fax: 214-699-4588

Independent.Review@medworkiro.com

[www.medwork.org](http://www.medwork.org)



### *MEDWORK INDEPENDENT REVIEW WC DECISION*

**DATE OF REVIEW:** 4/21/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Facet block at L4, L5, S1.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Texas State Licensed MD Board Certified Neurological Surgeon.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY:**

This is a female with a date of injury on xx/xx/xx, when she slipped and fell. She has undergone medications, physical therapy, hot and cold therapy, ESI and a home exercise program. EMG nerve conduction and the study of the bilateral lower extremities on 06/18/2014 were normal. A clinic note on 03/12/2015, states that she complains of pain to the back, into the right leg, down to the right foot. She also complains of numbness and weakness to that leg. Her examination on that date shows decreased sensation to the right leg in the right L4-L5 distribution. Straight leg is 80 degrees on the right and on the left.

The clinic note on 03/12/2015, states that since she is having radiating leg pain with numbness, the provider is recommending an epidural pain block at L4-L5. This is the last clinic note submitted for review. An MRI of the lumbar spine on 05/12/2014 shows that L3-L4 subligamentous disc herniation in the secal sac. There is facet hypertrophy with slight to moderate inferior nerve foraminal stenosis bilaterally. At L4-L5, there is moderate narrowing of the disc space with subligamentous disc herniation.

Facet arthropathy is present with slight to moderate inferior foraminal stenosis bilaterally. At L5-S1, there is broad-based posterior particularly with facet arthropathy and slight inferior neural foraminal stenosis bilaterally. The request is for a facet block at L4, L5 and S1.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**



## Medwork Independent Review

2777 Irving Blvd #208

Dallas, TX 75207

1-800-426-1551 | 214-988-9936

Fax: 214-699-4588

Independent.Review@medworkiro.com

[www.medwork.org](http://www.medwork.org)



According to the ODG low back chapter, section on facet injection criteria for the use of blocks of facet-mediated pain, this should be "limited to the patient for low back pain that is nonradicular and it is no more than two levels." In this case, the claimant appears to have radicular leg pain. The complaints are pain to the back radiating down the right leg to the right foot.

In addition, she does have some findings on exam including diminished sensation in the right L4-L5 distribution suggestive of radiculopathy. Moreover, the last clinic note states that the provider is planning on an epidural pain block at L4-L5, not a facet block, yet they requested for a facet block at L4, L5, S1. There are no findings on the last clinic note of 03/12/2015 suggestive of facet-mediated pain. Therefore, ODG criteria are not met and this request is not medically necessary.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)